

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
16544133
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2	1		1					52					
3	1		1					53					
4			3	3		1		54					
5			3	3		1		55					
6						1		56					
7			3	3		1		57					
8	1		1					58					
9	1		1					59					
10	1		1					60					
11			8	8		1		61					
12			8	8		1		62					
13						1		63					
14						1		64					
15								65					
16								66					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	4		↓							
TOTAL DEP.			←	8		←							
TOTAL CLADS				14									